

This month in [wjm](#)

Towels may prevent boil outbreaks after steam baths

When the Alaska Division of Public Health investigated a large outbreak of furunculosis in a village, it was concerned that steam baths might be spreading infection. On p 235 Landen et al describe how their case-control study found that not only was having a steam bath associated with developing a boil, but also bathing without a towel and with more than eight people increased the risk of infection. Using your own soap was found to be protective. Boil outbreaks occur sporadically in Alaskan villages and health education programs advising the use of dilute chlorine bleach to clean steam baths and bathers to sit on towels have only limited success.

Is it medically negligent to use placebos in trials?

Placebo-controlled trials have traditionally been the standard for clinical trials of new drugs. But on p 271 Chiodo et al argue that when patients with active disease are given placebos, they are being denied effective treatment. It may be unethical to allow them to participate in a trial in which their medical condition may worsen. Informed consent may also be difficult to obtain because patients may not

realize they may not benefit from taking part in the trial. Chiodo et al want to see strict adherence to guidelines for such trials.

How to manage menorrhagia

Surgery is not always necessary for women who have menorrhagia, says Prentice on p 253. This common and unpleasant condition can often be treated successfully by medical means, such as antifibrinolytics and nonsteroidal anti-inflammatory drugs. The former reduce bleeding by one half, the latter by one third. Progestogens often fail because they are not given properly (21 days each cycle is essential) and the best choice may be the recently licensed levonorgestrel-releasing intrauterine system.

The cost of actively managing labor

The duration of an actively managed labor is shorter than one that is traditionally managed. On p 240 Rogers et al find that active management of labor does not translate into massive savings—the money saved from an actively managed labor is only around \$47 per birth. Most of this is due to a reduction in cesarean sections. The average time of labors was reduced by nearly 2 hours—arguably more of a saving.

Editor's Pick

In the practice of medicine, accidents happen. In fact, they are alarmingly common. Last November, a report from the Institute of Medicine claimed that between 44,000 and 98,000 Americans die from medical errors each year. On p 229 Charatan reports on moves by two senators to introduce a bill to improve patient safety. Some hospitals, he says, already have computerized programs to check drugs against patient's allergies, other medication they take, and laboratory test results. Drug errors are the most common cause of patient death, accounting for an estimated 7,000 deaths a year.

Medical accidents are often caused by a complex chain of events. This chain may only be unravelled through the filing of a malpractice suit, causing anguish to both the

physicians involved and the patient's family. On p 267 Davidson relates the gripping but simulated tale of a previously healthy man who undergoes endoscopic sinus surgery. During the procedure, there is a leak of cerebrospinal fluid and the patient later develops meningitis and brain damage. The jury in the malpractice suit find the physician guilty and award the defendant the maximum of the malpractice insurance policy. But it's not that simple. Along this tragic path, there could have been other turns—the patient didn't properly try medication, the hospital didn't have equipment that was state of the art, and the physician had been called out the night before the procedure. As Davidson points out, the aviation industry is run by protocols and checklists that medicine could do well to copy.